

FORM
42
Rev
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OGCC RECEPTION
Receive Date:
09/06/2013
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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>49100</u>	Contact Person: <u>Janni Keidel</u>
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API #: <u>05 - 103 - 09894 - 00</u>	Facility ID: _____ Location ID: _____
Facility Name: <u>WRD DOW 20-22</u>	
Sec: <u>20</u> Twp: <u>2N</u> Range: <u>96W</u> QtrQtr: <u>SENW</u>	Lat: <u>40.129262</u> Long: <u>-108.191188</u>

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 09/20/2013 Time: 08:00 (HH:MM) Underground Injection Control(UIC) Well? No

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: Janni Keidel Email: janni.keidel@kochind.com

Signature: Janni Keidel Title: Ops/Reg Coordinator Date: 09/06/2013